

SCS ENGINEERS, PC

May 15, 1998
File No. 1397069.01

Mr. Jack Hoyt
Environmental Protection Agency
290 Broadway – 22nd Floor
New York, NY 10007

Subject: Delisting of RCRIS-LQG EPA ID # NJD986601193
International Paper Office Facility
75 Chestnut Ridge Road
Montvale, New Jersey

Dear Mr. Hoyt:

On behalf of the International Paper Company (IP), SCS Engineers is pleased to submit a request that the EPA delist the subject office facility.

The IP Office Facility is listed under facility name Federal Paper Board as a RCRIS Large Quantity Generator EPA ID NJD986601193 with one waste code (D002). International Paper acquired Federal Paper Board in 1996 and hazardous wastes are not generated at the facility. Water treatment chemicals are used in the building for the on-site water softener and boiler systems that are serviced by an outside contractor, Aquatec Water Treatment Incorporated. IP does not store a supply of water treatment make-up chemicals on-site. Aquatec provides any make-up chemicals and off-site disposal of chemicals as needed during servicing. The manufacturer's technical data sheets for the water treatment chemicals list the RCRA Status of these chemicals as "Not a hazardous waste". A copy of the manufacturer's literature is enclosed. SCS Engineers did not observe any on-site chemical storage.

International Paper is preparing the subject office facility for sale and wishes to delist the facility. Please do not hesitate to call if you have any questions or require additional information.

Very truly yours,



George Kiernan, PE
Project Engineer
SCS ENGINEERS, PC



Henry B. Gold
Vice President
SCS ENGINEERS, PC

Enclosures

cc: S. Finnegan, International Paper

Gen IR = 1N104
ulal as mx

U.S. EPA
AGENCY RO II
98 MAY 18 PM 12:23
HAZARDOUS & SOLID WASTE
PROGRAMS BRANCH





**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY**

03/18/91

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJD986601193

FACILITY NAME -> FEDERAL PAPER BOARD

MAILING ADDRESS -> 75 CHESTNUT RIDGE RD
MONTVALE, NJ 07645

INSTALLATION ADDRESS -> 75 CHESTNUT RIDGE RD
MONTVALE, NJ 07645

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO: MILLER AL MAINT MGR
FEDERAL PAPER BOARD
75 CHESTNUT RIDGE RD
MONTVALE, NJ 07645



NABISCO
BRANDS

no number

1/18

Jim
Stam

PAB

January 15, 1985

USEPA
Office of Dr. Regna
26 Federal Plaza
New York, NY 10278

Dear Dr. Regna:

please update
database.

Please be advised that ownership of the Nabisco Brands Inc. Printing Plant, Beacon, New York was transferred on December 21, 1984 to:

Federal Paper Board Company, Inc.
75 Chestnut Ridge Road
Montvale, New Jersey 07645

Very truly yours,

CORPORATE ENGINEERING DEPARTMENT
Environmental Control Group

Eugene Rosoff

Eugene Rosoff, Manager

NJ D986601193

ER:sc
1668j

EPA Notification of Hazardous Waste Activity

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

For Official Use Only

[illegible]

I. Name of Installation

[illegible]

II. Installation Mailing Address

Street or P.O. Box															State		ZIP Code							
C 3	7	5	C	H	E	S	T	N	U	T	R	I	O	G	E	R	D							
City or Town																	State		ZIP Code					
C 4	M	O	N	T	V	A	L	E	N	J								N	J	0	7	6	4	5

III. Location of Installation

Street or Route Number															City or Town		State		ZIP Code							
C 5	7	5		C	H	E	S	T	N	U	T		R	I	D	G	E	R	D.							
C 6	M	O	N	T	U	A	L	E											N	J		0	7	6	4	5

IV. Installation Contact

Name and Title (last, first, and job title)										Phone Number (area code and number)																
C 2	A	L	M	I	L	L	E	R	M	A	I	N	T	M	G	R	2	0	1	3	9	1	1	7	7	6

V. Ownership

A. Name of Installation's Legal Owner																B. Type of Ownership (<i>enter code</i>)		
C R	F	E	D	E	R	A	L	P	A	P	E	R	B	O	A	R	D	

VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities	
<input checked="" type="checkbox"/> 1a. Generator	<input type="checkbox"/> 1b. Less than 1,000 kg/mo.	<input type="checkbox"/> 6. Off-Specification Used Oil Fuel (enter 'X' and mark appropriate boxes below)	
<input type="checkbox"/> 2. Transporter		<input type="checkbox"/> a. Generator Marketing to Burner	
<input type="checkbox"/> 3. Treater/Storer/Disposer		<input type="checkbox"/> b. Other Marketer	
<input type="checkbox"/> 4. Underground Injection		<input type="checkbox"/> c. Burner	
<input type="checkbox"/> 5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below)		<input type="checkbox"/> 7. Specification Used Oil Fuel Marketer (or On site Burner) Who First Claims the Oil Meets the Specification	
<input type="checkbox"/> a. Generator Marketing to Burner			
<input type="checkbox"/> b. Other Marketer			
<input type="checkbox"/> c. Burner			

VII. Waste Fuel Burning: Type of Combustion Device (enter "X" in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

☐ A. Utility Boiler ☐ B. Industrial Boiler ☐ C. Industrial Furnace

VIII. Mode of Transportation (*transporters only — enter 'X' in the appropriate box(es)*)

☐ A. Air ☐ B. Rail ☒ C. Highway ☐ D. Water ☐ E. Other (specify) _____

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

[illegible]

ID — For Official Use Only													
C												T/A	C
W													1

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☐ 1. Ignitable
(D001)

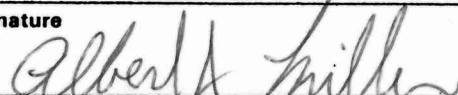
☒ 2. Corrosive
(D002)

☐ 3. Reactive
(D003)

☐ 4. Toxic
(D000)

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature 	Name and Official Title (type or print) Albert J. Miller Maint Supvr	Date Signed 1-21-91
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